

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

RECEIVED
State Use Only
I. D. Number
Date Received APR 29 1991

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Burline G. Lanier
(Corporation, Individual, Public Agency, or Other Entry)
Street Address: Route 3, Box 427
County: Randolph
City: Denton, State: NC Zip Code: 27239
Tele. No. (Area Code): 919-857-2307

II. LOCATION OF TANK(S)

Facility Name or Company: New Hope Grocery
Facility ID # (if available): #0-019228
Street Address or State Road: Route 3
County: Randolph City: Denton Zip Code: 27239
Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: Burline G. Lanier Job Title: Owner Telephone Number: (919) 857-2307

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Hardin's Pump & Compressor, Inc.
Address: Route 16, Box 519 State: Winston-Salem, NC Zip Code: 27107
Contact: John Hardin Phone: 919-769-9128

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>2,000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>2,000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
Burline G. Lanier, Owner

Signature: Burline G. Lanier

*Scheduled Removal Date: June 1, 91

Date Submitted: 4-25-91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

GW/UST-3

White Copy - Regional Office

Yellow Copy - Central Office

Blue Copy - Owner